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ABSTRACT

This document provides general guidelines to promote consistency of occupational therapy and physical therapy service delivery in the Texas educational system. These guidelines are intended to clarify the roles of occupational therapy and physical therapy as related special education services. The guidelines cover: (1) differences between the medical therapy model and school-based therapy model for providing occupational and physical therapy; (2) the educational relevance of therapy; (3) paraprofessional and professional personnel; (4) eligibility requirements; (5) referral process; (6) assessment; (7) service options; (8) admission, review, and dismissal committee; (9) individual educational programs; (10) progress reports and other documentation; (11) definitions; and (12) requirements/qualifications for occupational therapy and physical therapy personnel. An appendix lists 31 national and Texas organizational resources, 11 resource publications for recruiting personnel, and occupational therapy and physical therapy academic programs and assistant programs in Texas. (JDD)

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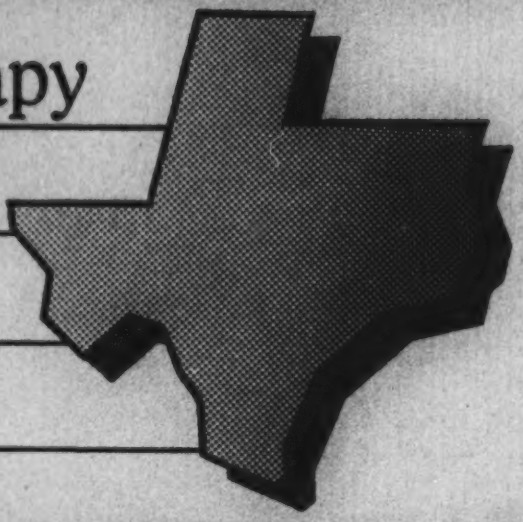
Occupational Therapy & Physical Therapy Guidelines for the Public Schools



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Purpose

This document provides general guidelines to promote consistency of occupational therapy and physical therapy service delivery in the Texas educational system.

These guidelines are intended to clarify the roles of occupational therapy and physical therapy as related services. As licensed health care professionals in Texas, the Occupational Therapists, Physical Therapists, Certified Occupational Therapy Assistants, and Physical Therapist Assistants who work in the school environment must comply with the State Board of Education rules for special education services, as well as rules and regulations of the Texas Advisory Board of Occupational Therapy and the State Board of Physical Therapy Examiners. Since administrative procedures vary a great deal from school district to school district, these guidelines are designed to assist the districts in understanding the various laws that govern these professions.

Introduction

Two major laws were passed which influenced the quality of service for children with disabilities within the educational system. In 1975, Public Law 94-142 was passed "to ensure that all children with disabilities have available to them a free appropriate public education which includes special education and related services to meet their unique needs." [Code of Federal Regulations (CFR) 300.1a] This law, the "Education for All Handicapped Children Act," applied to children between the ages of three and twenty-two years who may require special education. In 1990, the law was reauthorized, revised, and recodified to P.L. 101-476, and the name was changed to Individuals with Disabilities Education Act (IDEA). Students with visual handicaps and auditory handicaps may receive services from birth.

In October 1986, the Education of the Handicapped Act Amendment, Public Law 99-457, was adopted. This Amendment mandated special education and related services to children from three to five years who have *developmental delays*.

Occupational therapy and physical therapy are two of the related services which may be required to assist a child with disabilities to benefit from special education.

The referenced State Board of Education rules and the Code of Federal Regulations may be found in the Texas Education Agency publication, *State Board of Education Rules for Special Education Services*, available through Texas Education Agency Publications Distribution office, 1701 N. Congress Avenue, Austin, Texas 78701.

Medical Therapy Model
School-Based Therapy Model Differences

The following are differences between the medical model and the school-based model for providing occupational and physical therapy.

	MEDICAL MODEL	SCHOOL-BASED MODEL
Goal	To treat the client's continuum of needs (from acute through rehabilitated status)	To assist a student with handicaps in obtaining educational goals
Frequency	As needed	Based on educational need as specified in the IEP
Caseload	Smaller	Larger
Provider/Implementer	Therapist	School personnel, family, student, therapist
Duration of Intervention	Few days to several months	One-time consult to one or more years
Ultimate decision made by:	Doctor, therapist, and client	ARD committee
Manner of Intervention	Direct with some family consult; recommendation and provision of equipment	Direct therapy; and/or the following: consult with student/teacher, program equipment consultation; individual and classroom equipment modifications; inservice training

Educational Relevance of Therapy

Special education is specifically designed instruction to meet a child's unique needs. Related services are defined as those supportive services that may be required to assist a student to benefit from special education.

The role of the occupational and/or physical therapist is to facilitate a student's functioning in the school setting. The goal of educationally relevant therapy is to minimize the effects of the student's handicapping condition on his or her ability to participate in the educational process.

The following are functional areas of occupational therapy and physical therapy intervention in a school-based setting:

FUNCTIONAL AREA	RELATIONSHIP TO EDUCATION	MEANS OF OT/PT INTERVENTION
Self-Help	To permit child to manage in classroom and school with minimal assistance for personal needs	Provide mobility and transfer skills, feeding, adaptive equipment, wheelchairs, splints, braces, artificial limbs, adaptive equipment for grooming, toileting, feeding, adaptive clothing
Functional Mobility	To permit child greatest freedom of movement within the educational environment	Assist child to develop equilibrium and balance reactions, transfer skills, wheelchair management, pregait and gait training with or without ambulatory aids
Environmental Adaptations	To permit child the access to and mobility within the educational, home, and community environment	Provide recommendations for modification of school's or child's adaptive/assistive devices, removal of architectural barriers; provide consultation on use of technology to access computer, environment
Positioning	To maintain child in the best position for learning and functional use of the body	Provide instruction in positioning with adaptive devices, handling methods, skin care, splints, braces

FUNCTIONAL AREA	RELATIONSHIP TO EDUCATION	MEANS OF OT/PT INTERVENTION
Fine Motor Gross Motor	To provide child with stable postural base to allow attention to be focused on educational tasks; to enable child to complete written classwork in appropriate time frames	Evaluate, recommend, and construct positioning devices, modify existing devices; provide adaptive/assistive devices to facilitate fine motor tasks
Communication	To enable child to communicate ideas and answers to classroom teacher and interact with peers and family	Evaluate and recommend appropriate positioning of child, adaptive equipment and/or communication devices necessary for functional communication
Life Skills Training/ Vocational Skills	To prepare student for vocational placement and general life skills	Evaluate vocational needs and recommend strategies; perform task/job analysis; develop work behaviors; use of adapted equipment
Sensory-Motor Processing	To facilitate child's ability to effectively process and respond to basic sensory and motor information as a foundation for acquiring and developing gross and fine motor skills needed for learning to occur	Provide instruction in the integration of the multisensory approach in the classroom
Psycho/Social	To enable the child to interact with peers and educational staff in ways necessary to function in the educational setting	Evaluate behaviors, recommend strategies and programs for appropriate integration into the educational setting

NOTE: If a problem *is not* interfering with the student's ability to participate in the educational program, then the problem *is not* educationally relevant and *would not* constitute a need for occupational therapy and/or physical therapy intervention.

Occupational Therapy and Physical Therapy Personnel

Occupational therapy and physical therapy professionals provide a therapeutic, integrated service to enable students with handicaps to function in the least restrictive educational environment. Although these professionals may use similar activities, each discipline has its own area of expertise. The two professions are complimentary; however, by law they are prohibited from substituting for or replacing the other (e.g., an occupational therapist cannot be hired to provide physical therapy and vice versa). An occupational therapy assistant must work under the supervision of a licensed occupational therapist and a physical therapist assistant must work under the supervision of a licensed physical therapist.

CLARIFICATION–Special Education Paraprofessional Personnel

> Certified occupational therapy assistants, physical therapist assistants, and interpreters for the deaf may be employed as aides. [19 TAC §89.216 (c)]

The term "aides" in the above paragraph refers to instructional aides. Instructional aides are supervised by teachers, not occupational therapists or physical therapists. If occupational therapy assistants or physical therapist assistants are used as instructional aides, they *cannot* represent their work as occupational therapy or physical therapy, or represent themselves as occupational therapy assistants or physical therapist assistants.

An occupational therapist must supervise an occupational therapy assistant and a physical therapist *must* supervise a physical therapist assistant if the service is called or referred to as occupational therapy or physical therapy respectively.

A teacher or an instructional aide that carries out recommended occupational therapy and/or physical therapy activities in the classroom *is not* performing occupational therapy or physical therapy by law. The IEP would not reflect occupational therapy and/or physical therapy as a direct service for this type of intervention.

Certification or Licensure Requirements

1. Occupational therapy shall be provided by a professional who is licensed by the Texas Advisory Board of Occupational Therapy. [Article 8851, Vernon's Texas Civil Statutes (V.T.C.S.)] A certified occupational therapy assistant (C.O.T.A.) may provide occupational therapy services under the supervision of an occupational therapist (O.T.R.) in accordance with the standards of the profession.

2. Physical therapy shall be provided by a professional who is licensed by the Texas Board of Physical Therapy Examiners. [Article 4512e, V.T.C.S.] A physical therapist assistant (PTA) may provide physical therapy services under the supervision of a physical therapist (PT) in accordance with the standards of the profession.

Eligibility Requirements for Special Education Services

To qualify for occupational therapy and/or physical therapy services within the educational system, the student must qualify for special education services.

To be eligible for special education services, a student must have one or more of the following conditions listed in the federal regulations or in state law or both.

Eligibility Criteria [19 TAC §89.211]:

A. *Physically Handicapped* shall include the following:

1. *Orthopedically Handicapped (OH)*
   A student is determined by a licensed physician to have a severe orthopedic impairment.

2. *Other Health Impaired (OHI)*
   A student is determined by a licensed physician to have limited strength, vitality, or alertness due to chronic or acute health problems.

B. *Auditorially Handicapped (AH)*
A student is determined by an otologist or a licensed medical doctor to have a serious hearing loss even after corrective medical treatment or use of amplification. With documentation that an otologist is not reasonably available, an audiological evaluation by a certified audiologist shall also be conducted.

C. *Visually Handicapped (VH)*
A student is determined by a licensed ophthalmologist or optometrist to have no vision or to have a serious loss after correction. For students having residual vision, a functional vision test must be administered by a certified professional in the education of the visually impaired or a certified orientation and mobility instructor.

D. *Deaf-Blind (DB)*
A student is determined to be both visually and auditorially handicapped according to the specific eligibility criteria for each of these handicapping conditions.

E. *Mentally Retarded (MR)*
A student is determined by a licensed or certified psychologist, a psychological associate, or an educational diagnostician to be functioning two or more standard deviations below the mean on individually administered scales of verbal ability and either performance or nonverbal ability, existing concurrently with deficits in adaptive behavior.

F. *Emotionally Disturbed (ED)*
A student is determined by a licensed or certified psychologist, psychiatrist, or a psychological associate under the direct supervision of a licensed or certified psychologist to meet the criteria defined in 34 CFR §300.5 (b)(8).

G. *Learning Disabled (LD)*
A student is determined to be eligible by meeting the criteria defined in the 19 TAC §89.234.

H. *Speech Handicapped (SH)*
A student is determined by a certified speech and hearing therapist, certified speech and language therapist, or a licensed speech language pathologist to have a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment.

I. *Autistic (AU)*
A student is determined by a multi-disciplinary team to meet the criteria for autism or other pervasive developmental disorders, using the definition stated in the **third** edition-revised of the *Diagnostic and Statistical Manual (DSM-III-R)*.

J. *Multiply Handicapped (MH)*
A student has a combination of handicaps and meets all the following:

1. the handicapping condition is expected to continue indefinitely.
2. performance is severely impaired in **two or more** of the following areas: psychomotor skills, self-care skills, communication, social and emotional development, or cognition.

K. *Traumatic Brain Injury (TBI)*
A student is determined by a licensed physician to have a traumatic brain injury.

Referral Process for Occupational Therapy and/or Physical Therapy

A referral for occupational therapy and/or physical therapy assessment may be requested when the student is originally referred to special education or any time a need is identified.

Requests for an assessment may be initiated by the ARD committee, parents, student or any other school personnel. The referral procedures vary according to each school district's policy. A structured referral procedure is recommended.

Related Services Personnel [19 TAC §89.215]

The primary function of related services personnel is to implement services as identified in the student's individual educational plan (IEP). For physical therapy, direct services for students may be prescribed by a physician. A physician's prescription is not required to do physical therapy evaluations. For occupational therapy, a physician's prescription is required for direct services to students with medically related conditions. A physician's prescription is not required for occupational therapy evaluations.

Related service personnel may also:

1. perform assessments in areas for which they have appropriate training;
2. provide assistance to the ARD committee;
3. contribute to the development of the IEP; and
4. provide consultation to teachers, aides, and parents concerning IEP implementation, maintenance, and evaluation.

Occupational Therapy and Physical Therapy Assessment

An occupational therapy and/or physical therapy assessment in the school setting may include a screening and/or an evaluation.

1. **Screening** is a preliminary process of assessing children to identify those students who need further evaluation. A physician's prescription is **not** required. It may include, but is not limited to:
   a. a review of student's educational folder;
   b. a direct observation;
   c. a screening tool; and
   d. a conference with classroom teacher.

2. **Evaluation** is a comprehensive assessment to document a student's functional performance in the educational setting. A physician's prescription is not required for an occupational therapy or physical therapy evaluation. However, if an evaluation consists of direct, hands-on manipulation of a student with physical impairments, the occupational therapist should use professional judgment regarding the student's safety.

   The nature of the evaluation will be determined by the student's handicapping condition and how it impacts the educational program. The therapist should use professional judgment in determining the extent of the evaluation. The assessment must include a written report demonstrating that the student meets the criteria for eligibility for the related service and establishing that the service is needed for the student to benefit from instruction. The report must include recommendations concerning the specific services to be offered. [19 TAC §89.233(g)(i)] The written assessment report must be completed within 30 school days from the date that the referral is received by special education. [19 TAC §89.233(a)]

3. An annual occupational therapy and/or physical therapy screening or evaluation may be conducted to update the IEP and determine the continued need for related services.

4. Re-evaluation is required every three years to determine the student's continued eligibility for special education services. [19 TAC §89.221(b)(9)] An occupational therapy and/or physical therapy evaluation may be required as part of the three year re-evaluation.

NOTE: If a problem *is not* interfering with the student's ability to participate in the educational program, then the problem *is not* educationally relevant and *would not* constitute a need for occupational therapy and/or physical therapy intervention.

Service Options for Occupational Therapy and/or Physical Therapy

After assessment, service options are suggested to the ARD committee, which then recommends the level of services to be provided. The level of services includes the following:

Consultative Educational Services. (Student, Teacher, Parent)

a. **Student Centered:** The therapist helps develop the IEP which the teacher implements. A physician's prescription may be required for either therapy under certain circumstances if direct therapy is part of the student centered consultation. [See TABOT rules Sec. 383.1(a); T.B.P.T.E. rules IIIA2 (a)] No specific occupational therapy and/or physical therapy goals or objectives are written. The frequency of consultation and the primary position responsible should be noted on the IEP. The IEP should reflect consultation is provided by the therapist.

b. **Classroom Centered:** This service may address individuals or groups of students and educational program needs (e.g. pre-vocational and vocational activities, feeding and positioning programs and motorlabs). This may be a one-time consult with no specific assessments performed. No occupational therapy or physical therapy goals or objectives are written. A physician prescription is not required.

c. **Program Centered:** This service may address staff and/or system needs (e.g., environmental adaptations, inservice). No occupational therapy or physical therapy goals or objectives are written. A physician prescription is not required.

Individual Service

The therapist is the primary implementer of the related service stated in the IEP. Specific occupational therapy and/or physical therapy goals and objectives are written and integrated into the IEP for this service. A physician's prescription MAY be required for either therapy under certain circumstances. [See TABOT Rules Sec. 383.1(b)(c); T.B.P.T.E. Practice Act Article 4512e, V.T.C.S., Sec. 19].

Caseload

The student caseload for the occupational therapist or physical therapist will vary depending on the severity of the handicapping conditions. A method of determining a caseload can be found in the *Guidelines for Occupational Therapy in School Systems* published by the American Occupational Therapy Association (see appendix).

NOTE: The occupational therapy and/or physical therapy medical prescription, if required, should be updated annually.

Admission, Review, and Dismissal (ARD) Committee

All members of the ARD committee must have the opportunity to collaborate in developing the IEP. The IEP is reviewed and updated at least annually or more frequently if needed. The decisions of the committee concerning required elements of the IEP must be made by "mutual agreement" (see diagram in appendix) of the required members if possible. If an agreement is not reached, the procedure for settling the dispute/disagreement is in the appendix of this document.

Individual Educational Program (IEP)

The IEP is the tool that is used to ensure that each student is provided special education and related services appropriate to his or her special learning needs. The IEP sets forth a written commitment of resources in terms of what special education and related services will be provided to meet each eligible student's needs. The IEP represents the program that a particular school system is obligated by law to implement. It is imperative that therapists review the IEP forms, particularly where and how therapy may be written into the plan.

The IEP is developed by the ARD committee. As a member of the ARD committee, the occupational therapist and/or physical therapist contributes by integrating related services into the instructional long- and short-term objectives.

The therapist should be aware of the student's appropriate educational curriculum when determining the areas of intervention. The therapist may only need to help the teacher modify and/or minimize classroom activity demands to maintain the present curriculum. The therapist may also be involved in implementing the curriculum plan as it relates to functional skills of gross and fine motor, mobility, activities of daily living, and other areas related to occupational therapy and/or physical therapy.

NOTE: All occupational therapy and/or physical therapy related services included in the IEP must specify the projected dates for initiation of services, amount of time for each related service, position responsible for each related service to be provided, criteria and schedule for evaluation of progress.

For clarification of IEP content, see 19 TAC §89.223.

Progress Reports

Each school district or cooperative must provide parents of students in special education written reports of the student's progress on the same timely basis as those provided to students in regular education.

NOTE: All occupational therapy and/or physical therapy related service personnel *must send* progress reports to parents at least once every six weeks if direct/individual related services are being provided. A copy of the progress report should go into the district file and a copy should go with the student's report card. Progress reports *are not* required if services are provided only on a consultative basis. A semester or annual statement is advisable.

Documentation

The following documentation must be included in the student's eligibility folder:

1. Referral data, including:
   - physician's prescription for occupational therapy and/or physical therapy if required or deemed necessary; and
   - documentation of notices and consents.
2. Assessment reports, including:
   - occupational therapy and/or physical therapy assessment reports including initial evaluations, re-evaluations, and supporting data;
   - IEP; and
   - ARD committee deliberations.

Refer to 19 TAC §89.224

Definitions

Admission, Review, and Dismissal Committee (ARD)
The admission, review, and dismissal (ARD) committee is composed of a student's parent(s) and school personnel who are involved with that student. The ARD committee determines a student's eligibility to receive special education services. The committee also plans the educational program of each student eligible for special education.

Consultation Services
There are three options for consultative occupational therapy and/or physical therapy services:

- *Student Centered*: The emphasis is on adapting the environment for the student as well as consulting and coordinating positioning, mobility, self-help, pre-vocational, and/or vocational activities with school personnel. (ARDed SERVICE)
- *Classroom Centered:* The emphasis is on consulting and coordinating positioning, mobility, self-help, pre-vocational, and/or vocational activities with school personnel. (NOT an ARDed SERVICE)
- *Program Centered*: The emphasis is on workshops in areas such as orthopedic and neurologic conditions/ expectations, equipment making/use/repair, handwriting, sensorimotor awareness, pre-vocation, positioning, self-care, and body mechanics. (NOT an ARDed SERVICE)

Code of Federal Regulations (CFR)
The Code of Federal Regulations (CFR), cited in this document, contains the rules of the federal government. All agencies and facilities receiving funds under a federal law must follow these rules. This includes all local school districts accredited by the Texas Education Agency.

Early Childhood Intervention Program (ECI)
This total effort in Texas is directed toward the needs of children under three years of age who are identified as developmentally delayed as defined in Texas Civil Statutes, Art. 4413(43a), 1(3), and are eligible under 25 TAC Chapter 621.21 - 621.31.

Individual Development Plan (IDP)
The individual plan for developmentally delayed children written in accordance with 19 TAC §89.223. The IDP includes a list of all services the child needs (other than education), related services as prescribed, and the name of a person responsible for obtaining the service.

Individual Educational Plan (IEP)
The individual educational plan (IEP) is developed by an ARD committee. The IEP includes educational goals and objectives for the student. It documents the services that an eligible student needs, how they will be provided, and how progress will be measured. [19 TAC §89.223]

Individualized Family Service Plan (IFSP)
A written plan, developed by an interdisciplinary team, based on all assessment and evaluation information, including the family's description of their strengths and needs, which outlines the early intervention services for the child and the child's family.

Individualized Transitional Plan (ITP)
A written plan developed by the school district for transitioning students from school to adult life. All students 16 years or older must have an ITP. Students under 16 years of age may have ITPs if appropriate. The ITP includes 5 critical areas: (1) education; (2) employment; (3) recreation, social, and leisure; (4) independent living options; and (5) general considerations.

Individual Services
The emphasis is hands-on therapy with consultation and coordination of positioning, mobility, and/or self-help skills with school personnel. (ARDed SERVICE)

Least Restrictive Environment
Students with handicaps have a right to an education in a setting with students who are not in special education to the maximum extent appropriate.

Medically Related Condition
(As defined for occupational therapists: Sec. 383.1(b) of the Texas Advisory Board of Occupational Therapy Rules) "Specific medical conditions are interpreted as meaning those conditions of acute trauma, infection, disease process or post surgical status where prudence and custom require the involvement of a physician." If a student is being followed by a physician for any medically related condition (including any chronic, ongoing impairment such as cerebral palsy), a physician's prescription is required for direct, hands-on treatment by an occupational therapist.

Occupational Therapy
The evaluation and treatment of individuals whose ability to perform the tasks of living is threatened or impaired by developmental deficits, the aging process, environmental deprivation, sensory impairment, physical injury or illness, or psychological or social dysfunction.

Physical Therapy
The evaluation, examination, and use of exercises, rehabilitative procedures, massage, manipulations, and physical agents including, but not limited to, mechanical devices, heat, cold, air, light, water, electricity, and sound in the aid of diagnosis or treatment.

Related Services
These include, but are not limited to, special transportation, school health services, counseling with students or families, psychological services, audiological services, visual training, medical or psychiatric diagnostic services, occupational therapy, physical therapy, recreational therapy, social work services, parent counseling and training, adaptive equipment, special seating, orientation and mobility training, speech therapy, music therapy, art therapy, and corrective therapy.

Related Services Personnel
The primary function of related services personnel is to implement services as identified in the student's individual educational plan.

State Board of Education Rules (SBOE)
The rules adopted by the State Board of Education which govern the public school system in Texas.

Special Education
Special Education is "instruction provided by special education personnel, or a regular education program that has been modified through the use of special education support services, supplementary aids, or other special arrangements." [19 TAC §89.219]

Requirements/Qualifications for Occupational Therapy and Physical Therapy Personnel

Occupational Therapist, Registered (O.T.R.)

Education	An occupational therapist must have completed an accredited educational program and all fieldwork educational requirements. All baccalaureate, post-baccalaureate, certificate, and professional master's programs are accredited by the American Medical Association and the American Occupational Therapy Association.
Certification/Licensure	The occupational therapist must be certified by the American Occupational Therapy Certification Board (AOTCB) following successful completion of the national certification examination, and must be licensed by the Texas Advisory Board of Occupational Therapy (TABOT). The occupational therapist's license must be renewed annually and be displayed in a prominent place in the school's administrative office where he/she practices. The therapist must carry the wallet size renewal certificate with him/her.
Experience	It is recommended that the occupational therapist have successfully completed a pediatric affiliation and have two years of prior work experience.
Supervision	Occupational therapy assistants (C.O.T.A.s) must be supervised by a licensed occupational therapist (O.T.R.). Individuals holding a temporary license to practice occupational therapy must be supervised by a licensed occupational therapist (O.T.R.).

Certified Occupational Therapy Assistant (C.O.T.A.)

Education	The occupational therapy assistant must have completed an occupational therapy assistant program that is approved by the American Occupational Therapy Association, and all fieldwork requirements.
Certification/Licensure	The occupational therapy assistant must be certified by the AOTCB following successful completion of an accredited program by AOTA and the national certification examination, and must be licensed by the Texas Advisory Board of Occupational Therapy. The occupational therapy assistant's license must be renewed annually and be displayed in a prominent place in the school's administrative office where he/she works.

Experience	It is recommended that the occupational therapy assistant have one or two years prior work experience as an occupational therapy assistant.
Supervision	The occupational therapy assistant must be supervised by a licensed occupational therapist. This applies to occupational therapy assistants holding a temporary or regular license.

Licensed Physical Therapist (PT)

Education	A physical therapist will have completed an accredited education program including fieldwork requirements with an entry level degree (bachelor's, master's or post baccalaureate certificate) in physical therapy. The Texas State Board of Physical Therapy Examiners (TSBPTE) requires a minimum of 60 academic semester credits including biological, social, and physical science as well as clinical sciences and physical therapy theory and procedures.
Licensure	The physical therapist must be licensed by the TSBPTE following successful completion of the physical therapy professional examination. The physical therapist's Texas state license must be renewed annually and must be displayed in a prominent place in the therapist's principle office where he/she practices.
Experience	It is recommended that the physical therapist have successfully completed a pediatric affiliation and two years of prior work experience.
Supervision	Physical therapist assistants (PTAs) must be supervised by a licensed physical therapist (PT).

Physical Therapist Assistant (LPTA)

Education	A physical therapist assistant will complete an accredited physical therapist assistant associate degree program which includes courses in the anatomical, biological, and physical sciences as well as clinical procedures.
Licensure	The physical therapist assistant will pass a Texas State Board of Physical Therapy Examiners approved professional examination for licensure. The Texas state license must be renewed annually and displayed in a prominent place in the principal place where he/she works.
Experience	It is recommended that the physical therapist assistant have one or two years prior work experience as a physical therapist assistant.
Supervision	The physical therapist assistant is supervised by a licensed physical therapist. The physical therapist will review/revise the plan of care in a period not to exceed 30 days.

Appendix

Professional Resources

American Academy for Cerebral Palsy and Developmental Medicine
2315 Westwood Avenue, P.O. Box 11-83
Richmond, VA 23230
804/355-0147

American Association of Mental Deficiency
5201 Connecticut Avenue, NW
Washington, DC 20015
202/686-5400

American Council of the Blind
1211 Connecticut Avenue, NW
Washington, DC 20036

American Foundation for the Blind, Inc.
15 W. 16th Street
New York, NY 10011
214/924-0420

American Occupational Therapy Association (AOTA)
1383 Piccard Drive
Rockville, MD 20850
301/938-9626

American Physical Therapy Association (APTA)
1111 N. Fairfax Street
Alexandria, VA 22314
703/684-2782
Section on Pediatrics
1-800/000-APTA

American Speech, Hearing, and Language Association (ASHA)
10801 Rockville Pike
Rockville, MD 20852
301/897-5700

Council for Exceptional Children (CEC)
1920 Association Drive
Reston, VA 22091
703/620-3660
CEC Divisions:
- Council for Children with Behavioral Disorders (CCBD)
- Council for Educational Diagnostic Services (CEDS)
- Council for Administrators of Special Education (CASE)
- Division for Children with Communication Disorders (DCCD)
- Division for Early Childhood (DEC)
- Division for the Visually Handicapped (DVH)
- Division on Career Development (DCD)
- Division on Mental Retardation (CEC-MR)
- Division on the Physically Handicapped (DPH)
- Teacher Education Division (TED)
- Technology and Media Division (TAM)
- The Association for the Gifted (TAG)

Epilepsy Foundation of America
1828 L Street, NW, Suite 405
Washington, DC 20036
202/293-2930

Harris County Department of Education
6300 Irvington Boulevard
Houston, TX 77002

Muscular Dystrophy Association (MDA)
810 Seventh Avenue
New York, NY 10019
212/586-0808

National Association for Retarded Citizens (NARC)
2501 Avenue J, P.O. Box 6109
Arlington, TX 76011
817/261-4961

National Association of the Deaf
814 Thayer Avenue
Silver Springs, MD 20910
301/587-1788

National Association of the Physically Handicapped
76 Elm Street
London, OH 43140
614/852-1664

National Association of State Directors of Special Education (NASDSE)
2021 K Street, NW
Washington, DC 20006
703/519-3800

National Early Childhood Technical Assistance System (NECTAS)
Suite 500
NCNB Plaza, CB 8040
University of North Carolina
Frank Porter Graham Center
Chapel Hill, NC 27599

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, IL 60612
312/243-8400

National Foundation—March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605
914/428-7100

Parent Advocates for Vocational Education (PAVE)
Washington PAVE Parent-to-Parent Training Project
6316 S. 12th Street
Tacoma, WA 98465
1-800-5-PARENT (V/TDD)

Parent Care, Inc.
101 1/2 S. Union Street
Alexandria, VA 22314
703/836-4678

Spina Bifida Association of America
343 South Dearborn, Room 317
Chicago, IL 60604
312/662-1562

Specialized Training of Military Parents (STOMP)
12208 Pacific HWY SW
Tacoma, WA 98499
206/588-1741

Texas Advisory Board of Occupational Therapy
4900 N. Lamar Boulevard
Austin, TX 78751-2316
512/483-4072

Texas Association of School Administrators
1101 Trinity Street
Austin, TX 78701
512/477-6361

Texas Education Agency
Division of Special Education Programs
1701 N. Congress Avenue
Austin, TX 78701-1494
512/463-9414

Texas Occupational Therapy Association, Inc.
111 West Anderson Lane, D-204
Austin, TX 78752
512/454-TOTA

Texas Physical Therapy Association
400 West 15th Street, Suite 805
Austin, TX 78701
512/477-1818

Texas State Board of Physical Therapy Examiners
313 East Rundberg Lane, Suite 113
Austin, TX 78753
512/835-1846

The Association for Persons with Severe Handicaps (TASH)
7010 Roosevelt Way, NE
Seattle, WA 98115
206/523-8446

United Cerebral Palsy Associations, Inc. (UCPA)
66 East 34th Street
New York, NY 10016
212/481-6300

United Cerebral Palsy Research Center
2021 North Old Manor
Wichita, KS 67208
316/688-1888

Additional information about some of these organizations can be found in the appendices of *Teaching the Young Child with Motor Delays* by Marci J. Hanson and Susan R. Harris (1986).

Resource Publications for Recruiting

Physical Therapy Forum
(Western Edition—Published Weekly)
251 W. DeKalb Pike, Suite A-115
King of Prussia, PA 19406
Cost: Varies depending on size of ad
Subscribers: All physical therapists licensed in western U.S.

PT Bulletin (American Physical Therapy Assoc.—National weekly)
4418 MacArthur Boulevard, NW
Washington, DC 20007
202/333-5532 or 800/826-4150
Cost: Varies depending on size of ad
Subscribers: APTA members nationwide

Pediatric Physical Therapy
(APTA's Pediatric Section quarterly)
Direct Advertising to: Jo Lied
P.O. Box 4757
Woodland Park, CO 80866
303/687-1012
Cost: $4 per line based on 75 characters
Subscribers: Section on Pediatrics, APTA, Members in all states

Clinical Management in Physical Therapy
APTA
1111 N. Fairfax Street
Alexandria, VA 22314 703/684-2782

Journal of the American Physical Therapy Association
Classified Ad Dept., APTA
1111 North Fairfax Street
Alexandria, VA 22314
703/684-2782
Cost: $9 per line based on 47 characters
Subscribers: APTA members

Council for Exceptional Children Journals
Lynne Sullivan, Department of Information Services
Council for Exceptional Children
1920 Association Drive
Reston, VA 22091-1589
703/620-3660

Guidelines for Occupational Therapy Services in School Systems
AOTA Publications
1383 Piccard Drive
P.O. Box 1725
Rockville, MD 20850-4375
301/938-9626

Closing the Gap (Newspaper)
P.O. Box 68
Henderson, MN 56044

American Journal of Occupational Therapy
1383 Piccard Drive
P.O. Box 1725
Rockville, MD 20850-4375

OT Week
Advertising and Editorial Office
164 Rollins Avenue, Suite 301
Rockville, MD 20852

Occupational Therapy Forum
251 W. DeKalb Pike, Suite A-115
King of Prussia, PA 19406
215/337-0381
Classified Advertising: 1/800-367-8610

Occupational Therapy Academic Programs in Texas

Occupational Therapist Programs

Schools	Department Directors
The University of Texas Medical Branch School of Allied Health Sciences 11th & Mechanic Streets Galveston, TX 77550-2782	Donald A. Davidson, MA, OTR Chairman Dept. of Occupational Therapy 409/761-3060
The University of Texas Health Science Center School of Allied Health Sciences 7703 Floyd Curl Drive San Antonio, TX 78284-7770	Richard K. Schwartz, MS, OTR Program Director Occupational Therapy Program 512/567-3111
Texas Woman's University School of Occupational Therapy P.O. Box 23718 Denton, TX 76204	Grace Gilkeson, Ed.D., OTR, FAOTA Dean School of Occupational Therapy 817/898-2802
Texas Tech University Health Science Center School of Allied Health Lubbock, TX 79430-0001	Patricia Crist, Ph.D., OTR, FAOTA Chair Dept. of Occupational Therapy 806/743-3240

Occupational Therapy Assistant Programs

Houston Community College Health Careers Division 3100 Shenandoah Houston, TX 77021	Linda Williams, OTR Program Coordinator OTA Program 713/748-8340
Austin Community College Riverside Campus P.O. Box 140647 Austin, TX 78714	Sue Carrell, OTR Department Head OTA Program 512/389-4147
St. Philip's College 2111 Nevada Street San Antonio, TX 78203	Jana Cragg, OTR Director OTA Program 512/531-3200
Cooke County Jr. College 3501 Cliff Oak Corinth, TX 76205	Nadine Moody, OTR Director OTA Program 817/497-5010

Physical Therapy
Academic Programs in Texas

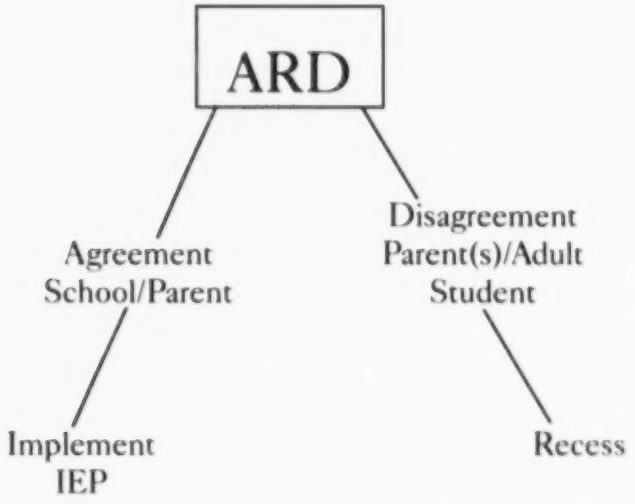
Physical Therapist Programs

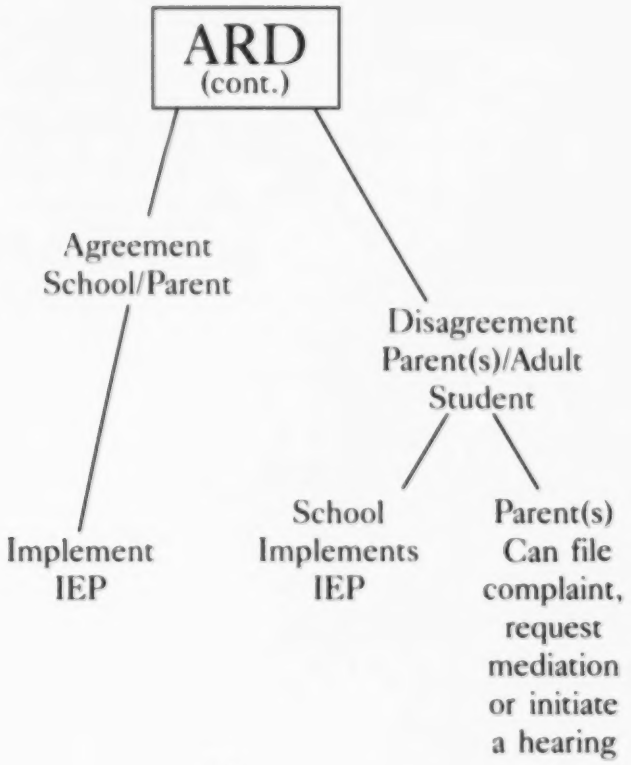
Schools	Department Directors
U.S. Army–Baylor University Academy of Health Sciences Program in Physical Therapy U.S. Army Fort Sam Houston, TX 78234	LTC. David Greathouse Director 512/221-5187
Texas Woman's University School of Physical Therapy Box 22487, TWU Station Denton, TX 76204	Carolyn K. Rozier Director 817/898-2460
The University of Texas Southwestern Medical Center at Dallas Department of Physical Therapy 5323 Harry Hines Boulevard Dallas, TX 75235	Barney LeVeau Chairman 214/688-2850
The University of Texas Medical Branch School of Allied Health Sciences Department of Physical Therapy–A45 Eighth and Market Streets Galveston, TX 77550	Clara Peel Director 409/772-3068
The University of Texas Health Science Center School of Allied Health Sciences Physical Therapy Program 7703 Floyd Curl Drive San Antonio, TX 78284-7781	Pamela E. Stanton Director 512/567-3150
Texas Tech University Health Science Center School of Allied Health Department of Physical Therapy Lubbock, TX 79430-0001	H.H. Merrifield Chairman 806/743-3226
Southwest Texas State University Program in Physical Therapy Department of Allied Health Sciences and Health Administration San Marcos, TX 78666-4616	Barbara Sanders Director 512/245-3400

Physical Therapist Assistant Programs

Schools	Department Directors
Amarillo College Physical Therapist Assistant Program Box 447 Amarillo, TX 79178	Ed Hankard Coordinator 806/354-6043
Austin Community College Physical Therapist Assistant Program 5712 E. Riverside Drive Austin, TX 78741	Beverly Mashburn Department Head 512/389-0500
Community College of the Air Force Physical Therapist Assistant Program School of Health Care Science MSDB, Stop 114 Sheppard Air Force Base, TX 76311-5456	Captain Manuel Domenech Director 817/676-6232
Houston Community College Health Careers Education Division Physical Therapist Assistant Program 3100 Shenandoah Houston, TX 77021	Georgianna Wilson Director 713/748-8560
Kilgore College Physical Therapist Assistant Program 1100 Broadway Kilgore, TX 75662	Paulette Springer Coordinator 214/983-8148
Laredo Junior College Physical Therapist Assistant Program West End Washington Street Laredo, TX 78040	J.D. Wendeborn Coordinator 512/722-0521
McLennan Community College Physical Therapist Assistant Program 1400 College Drive Waco, TX 76708	Barbara Gresham Director 817/750-3525
University of Texas–Pan American Physical Therapist Assistant Program 1201 West University Drive Edinburg, TX 78539-2999	Joe Wilkinson Coordinator 512/381-2291
St. Philip's Community College Physical Therapist Assistant Program 2111 Nevada Street San Antonio, TX 78203	Florence Thillet-Bice Director 512/531-3200
Tarrant County Junior College Physical Therapist Assistant Program Northeast Campus 828 Harwood Rd. Hurst, TX 76504	Mary Castellow Coordinator 817/281-7860 ext. 6566

Mutual Agreement





JOINT EFFORT BY:
TEXAS ADVISORY BOARD OF OCCUPATIONAL THERAPY
4900 N. LAMAR BOULEVARD
AUSTIN, TX 78751-2316
AND
TEXAS EDUCATION AGENCY
SPECIAL EDUCATION PROGRAMS
1701 N. CONGRESS AVENUE
AUSTIN, TX 78701-1494